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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	DEP5111NP	
	First Named Inventor	GARY P. GOODFRIED	
	COMPLETE IF KNOWN		
	Application Number		
	Filing Date		
	Group Art Unit		
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MODULAR IMPLANT SYSTEM WITH FULLY POROUS COATED SLEEVE
(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number
 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority date sheet PTO/SB/02B attached hereto.
60/523,170	11/18/2003	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number <u>000027777</u> --		Place Customer Number Bar Code Label Here
AND		
<input type="checkbox"/> Practitioner(s) named below: <u>Name</u> <u>Registration Number</u>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
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Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <u>000027777</u> OR <input type="checkbox"/> Correspondence address below		
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Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) GARY P.		Family Name or Surname GOODFRIED	
Inventor's Signature <i>X [Signature]</i>		Date 3-31-04	
Residence: City FLINT	State TX	Country USA	Citizenship USA
Mailing Address 19140 FALLS CREEK			
City FLINT	State TX	ZIP 75762	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) STEPHEN A.		Family Name or Surname HAZEBROUCK	
Inventor's Signature		Date	
Residence: City WINONA LAKE	State IN	Country USA	Citizenship USA
Mailing Address 2504 ORCHARD DRIVE			
City WINONA LAKE	State IN	ZIP 46590	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) MARK B.		Family Name or Surname LESTER	
Inventor's Signature		Date	
Residence: City WARSAW	State IN	Country USA	Citizenship USA
Mailing Address 2417 S. WOODLAND CIRCLE			
City WARSAW	State IN	ZIP 46580	Country USA

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) SCOTT C.		Family Name or Surname BROWN	
Inventor's Signature		Date	
Residence: City WARSAW	State IN	Country USA	Citizenship USA
Mailing Address 1311 BLUEBIRD DRIVE			
City WARSAW	State IN	ZIP 46580	Country USA

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	First Named Inventor	GARY P. GOODFRIED	
	<i>COMPLETE IF KNOWN</i>		
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	Filing Date		
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Examiner Name			

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

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☐ Practitioner(s) named below:
Name Registration Number

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Telephone:

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) GARY P.

Family Name
or Surname GOODFRIED

Inventor's
Signature

Date

Residence: City FLINT

State TX

Country USA

Citizenship USA

Mailing Address 19140 FALLS CREEK

City FLINT

State TX

ZIP 75762

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) STEPHEN A.

Family Name
or Surname HAZEBROUCK

Inventor's
Signature

Stephen A. Hazebrouck

Date

4/01/04

Residence: City WINONA LAKE

State IN

Country USA

Citizenship USA

Mailing Address 2504 ORCHARD DRIVE

City WINONA LAKE

State IN

ZIP 46590

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) MARK B.

Family Name
or Surname LESTER

Inventor's
Signature

Mark B. Lester

Date

4/1/04

Residence: City WARSAW

State IN

Country USA

Citizenship USA

Mailing Address 2417 S. WOODLAND CIRCLE

City WARSAW

State IN

ZIP 46580

Country USA

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NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) SCOTT C.

Family Name
or Surname BROWN

Inventor's
Signature

Scott C. Brown

Date

4/1/04

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